

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-008348  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1929

FILED FEB 23 1962

VS 300  
Rev. 4/59

1

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DATE AMENDED

2

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH  
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. Louis

Length of stay in 1b  
life

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 1900 Hebert

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
1900 Hebert

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

HARRY

W.

KUHS

4. DATE OF DEATH

Month

Day

Year

February 13, 1962.

5. SEX  
Male

6. COLOR OR RACE  
White

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
12/6/1874

9. AGE (last birthday)  
87

IF UNDER 1 YEAR  
Months Days

IF UNDER 24 HR  
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Switchman

10b. KIND OF BUSINESS OR INDUSTRY  
railroad

11. BIRTHPLACE (City and state or country)  
St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY  
U. S. A.

13a. FATHER'S NAME

Charles Kuhs

13b. MOTHER'S MAIDEN NAME

Maria Andres

14. NAME OF HUSBAND OR WIFE

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15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Melita B. Kuhs 1900 Hebert

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

*Arteriosclerotic Heart Disease*

INTERVAL BETWEEN ONSET AND DEATH

*10 years*

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

*4200*

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

*Pulmonary emphysema*

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from *12.3.62* to *2.13.62* and last saw him alive on *2.4.62*

Death occurred at *3 P. M.* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

*Charles Joseph M.D.*

*6000 W. Flourissant*

*2.14.62*

23a. BURIAL, CREMATION, REMOVAL (Specify)  
burial

23b. DATE  
Feb 16, 1962.

23c. NAME OF CEMETERY OR CREMATORY  
Bellefontaine Cemetery

23d. LOCATION (City, town, or county)  
St. Louis, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

BEIDERWIEDEN F. H. INC., 1936 St. Louis

FEB 16 1962

*Carl Smith. M.D.*

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

Dr. Charles J. Frost  
Myra Fritchell Bell  
6000 N. Howard  
C01-7219

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Homer W. Fritz*

Licensed Embalmer No. 3882

P. O. Address

*St. Louis*

\* Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

*Wm. T. Woc*